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Cultural Conceptions of Health

Introduction:

Healthcare is a complicated structure, influenced by multiple economic, social and cultural factors. It is problematic enough to determine how to administer healthcare in countries that rely only on the western healthcare system, but it is even more difficult in places such as Madagascar where multiple healthcare systems exist. Today the Malagasy have a culture that combines the many French practices with the traditional Malagasy beliefs, traditions and values. Many Malagasy chose to utilize allopathic medicine, but many others still prefer to go to a traditional healer. By gaining a better understanding of the average Malagasy person's perceptions of proper healthcare, the service itself, in terms of administration, provision and education, can be improved to fit the needs and wants of the Malagasy. The information presented here clearly shows that culture defines the perceptions of health and that for the Malagasy these perceptions demonstrate a need to ingrate healthcare.

Methodology:

The information used in this paper came from a combination of sources. The background information provided came mostly from articles, lectures and visits to both hospitals and traditional healers. All either discussed the importance of culture and personal perceptions of healer, or they described one of the two cultural systems. The articles used discussed the importance of culture and personal perception in relation to health. The research was obtained from group visits to both traditional healers and

physicians, individual interviews, and group interviews conducted with Malagasy students.

The main flaw in the method used to collect information for this paper is small sample size used for interviews. Although I was able interview my family, Malagasy students and some traditional healers, considering the diversity of Malagasy culture, the total number of interviews done is small. In addition, the group interview does not allow people to go in depth enough about their specific experiences, but due to time constraints they were necessary. Also, as only a few people could be interviewed, it was difficult to tease out the views of the different religious sects in Madagascar. Lastly, most of the people interviewed utilized herbal and massage traditional remedies, types that are both compatible with western medicine. If possible, it would have been helpful to interview a few people who use other traditional healthcare practices like Tromba, Bilo and Fanandroana. Even though these problems did exist, considering that the students interviewed attend university, it is safe to assume that their views are typical for educated Malagasy. As only seven percent of the population attends university, the assumption that most Malagasy have even less information on issues of health care and family planning is not a complete over generalization (Rasamindrakotroka 2011).

Background Information:

Health and illness are not purely scientific phenomenons; they are subjective experiences within themselves. This is because there is a difference between the, “objective biological data (disease), the subjective experience (illness), and the social role of being a patient (the sick role)” (Jablensky, 2005, 234). When someone becomes sick they act differently, and based on their symptoms or other people’s perceptions, they may

illicit a gamut of responses. These perceptions are in turn the product of the cultural conceptions of sickness as it is the culture that “tells societal members what sickness there are, how they are acquired, how manifested, how treated” (Hahn, 1997, 610). For instance, if someone contracts a cold, they begin to sniffle, sneeze and cough. Western culture tells people that this disease can be spread through the air, and also encourages the maintenance of overall hygiene. In other cultures, which possibly have no conception of microbes, other measures, such as drinking a decoction, may be taken. As these actions have different results, different healthcare systems may have varying outcomes depending on the culture and expectations of the patient. Thus, it is important to understand the subjectivity of disease and the different cultural responses.

The practice of medicine itself is also a cultural construct. When visiting a medical facility, people already have preconceived notions about how the facility should be structured and run. Even the doctors’ actions themselves influence the patient’s perception of his/her own health and the effectiveness of the treatment given. This is because the patient may already have preconceived notions of proper professional attire, and the physician’s demeanor may tell the patient how confident the physician is in both their condition and treatment (Moerman and Jonas, 2002, 473). As these signs and cultural cues vary, in terms of the Malagasy culture, it is likely that two different expectations exist, one for the traditional healers and one for the allopathic doctors. When comparing the practice of the two systems it is easy to see why multiple cultural constructs may exist for the two different systems. When one walks into a Malagasy allopathic hospital, the smell of bleach permeates the surroundings (Hospital Visits 2011). Many patients are combined into rooms and every worker has a specific uniform

that symbolizes their function (Hospital Visits 2011). It is easy to see the western influence through the strict organization of the facility with all wards and sections labeled with their scientific functions (Hospital Visits 2011). The way in which the traditional healers work is completely different. In almost all traditional healers visited, shoes must be removed before entering the place of work, but no other real sanitation system exists (Traditional Healer 1, Traditional Healer 2, Traditional Healer 3 2011). The environment has no clear organization, and all knowledge resting in the healers mind, rather than clearly labeled for the patient to see. The only indicator that the healer is legitimate is a certification hung on the wall for the patient to see (Traditional Healer 2, Traditional Healer 3 2011). It is obvious that the intrinsic differences between beliefs about health facilities exist between the two systems. These variations in the simple set up of the two systems demonstrate that there is a drastic difference in the cultural conceptions of health between allopathic medicine and traditional medicine.

Another important factor when considering differences between traditional healthcare systems and western systems is the different types of traditional healers that exist. In Malagasy society, there exist four different types of traditional medicine. The first is Tromba, in which the healer treats maladies of the possessed through possession, Bilo which deals with social imbalances within families or communities through possession, Sikidy in which the healer uses seeds, and Fanandroana in which the healer relies on astrology (Raharinjanahary 2011). There also exist different subtypes of healers. Many healers that prepare herbal remedies function through the use of prayer, mirrors, light and spirits (Traditional Healer 1, Traditional Healer 2, Traditional Healer 3 2011). Thus, the Malagasy themselves must make a conscious decision about what type of

traditional healer they would prefer to see, a decision that rests on their personal perception of the type of illness and absent from the allopathic system.

The differences between allopathic and traditional medicine may not seem important, until their impact on the health of the patient is considered. The mind and the body are not separate entities, and these expectations of disease and healthcare practice may result in physical outcomes: “there is evidence that inner, mental states affect pathological outcomes, independent of other risk factors; that symptoms may spread in communities by being witnessed; and that symptoms may be caused by experimentally induced expectations” (Hahn, 1997 610). With the mix of cultural conceptions of disease in Madagascar, there may be a mix expectations which change the way in which a disease manifests itself in a community. Therefore, it is imperative that the connections between the mind and the body be considered, especially as the lack of appropriate cultural cues may result in significant stress for the patient, and their condition may not improve.

Research:

Views of Madame Bozy and Missouri Botobe (2011):

Although Madame Bozy and Missouri Botobe are both traditional healers, their views on western medicine and other traditional healers are extremely varied and complex. As healers they rely on their personal knowledge of different plants and plant properties when treating diseases as well as heat and massage. Even so, as converted Christians they did not approve of the healers who use any other tools such as calling on spirits or using mirrors. This is because they believe that often these people use evil spirits to do sorcery, which can cause harm and disease. Much of their beliefs about spirits and those that utilize spirits when healing stem from bad experiences using these

traditional methods in the past where the healers failed them. In addition, they also believe many of the healers who use other tools to diagnose, such as spirits, are simply out to get money and are not true healers.

In terms of western medicine, both Madame Bozy and Missouri Botobe had no qualms utilizing the system itself. They seemed to believe that westerners brought many of the diseases that plague Madagascar today and, thus, it is the western medical system that should be used to treat them. The problems they have with western medicine often stem from the formalities of the system and unpleasant experiences with doctors themselves. Often, in Western medicine, appointments are required and only a certain number of people can enter a patient's room. For Madame Bozy this is a problem because family is incredibly important to the Malagasy and, without the entire family present, the patient cannot share their burden and may die of sadness. In one instance, the doctor became so enraged at Madame Bozy's when treating her daughter, that he caused her to crush the medicine she was holding. In another instance, Madame Bozy took some family planning medicine that made her fat, and when she shrunk down she began to experience difficulties with sight. Western medicine is also expensive and they believe that doctors force their patients to come to the private side of their practice to receive the proper care. Besides the few bad experiences, overall it seemed they thought integrated healthcare was a good idea as it would allow more Malagasy access to healthcare, even if they do not like all aspects of western medicine or other types of traditional medicine.

Other traditional healers interviewed (2011):

The other traditional healers had differing views on the types of healthcare available. When talking to a traditional birth attendant that uses massage she described

how she recommends that people go to the hospital for the actual birth (2011). In addition, she believed that a miscarriage could occur if a person was cold and had air in their system, but for children who are premature, she could ensure they did not come out by massaging them back into position (Traditional Birth Attendant 2011). Overall, she believes that the younger generation should have less children as children are becoming more of an economic burden and thus condoms are beneficial if they aid the health of the family (Traditional Birth Attendant 2011). In another instance, a seed reader, when dealing with a loss of circulation in his legs, decided to use western medicine first, before seeking other traditional herbal remedies, although he did not seek any healers who practice Tromba, Bilo or Fanandroana (Traditional Healer 4 2011). A different traditional healer who provided herbal remedies seemed more open to other types of traditional medicine. He believed that as long as other types of traditional medicine heal there are worthy (Traditional Healer 5 2011). When diagnosing people, he does not touch them, he simply looks at them and knows what their problem is (Traditional Healer 5 2011). He also believes that all sicknesses need treatment with some form of medicine, because without medicine, although the condition may temporarily improve, some of the disease remains and the illness can return. (Traditional Healer 5 2011). Overall, it appeared that the traditional healers were willing to utilize the western medicinal system, but each healer had their own ideas about how diseases manifest themselves.

Rural doctor's views (Dr. Rakotondramanana 2011):

The rural CSB doctor had no problems using traditional medicine. He reported that he often sought traditional healers who have herbal remedies and do massage for his own health problems. The doctor also reported that more women have been coming to the

clinic for pregnancy in recent years to receive postnatal services such as vaccinations and vitamins after the birth. The doctor also reported that more women have begun to utilize family planning services, but because their husbands forbid it, the women say that they are going to the store and walk to the office to get the birth control shot before going to the market. Overall, the doctor appeared to see the merit of traditional medicine, but seemed to believe western medicine offered many beneficial health services.

Views of Malagasy Students (Aimee, Ando, Arnaud Elodie, Hoby, Onja, Tiama, Tsaraso, and Zo 2011):

The Malagasy pharmacology students had very interesting views on both traditional medicine and western medicine. All the students understood and respected the traditional healers' knowledge, although, they reported that many healers are unwilling to give away their remedies. The students all believed that doctors are experts in terms of diagnostics as the healers are not specific enough when finding the cause of the symptoms and give them the wrong medication. Instead, they go to the doctor to get a diagnosis, and then, because they really do not like western medications like pills, they go to the traditional healer for their herbal remedies. The students think that pills taste bad, have many bad side effects, and hurt the stomach. Instead, they prefer traditional medicine, as less side effects exist for those remedies. Even with these side effects, the students thought that it was important to go to the doctor first because people sometimes die if they wait and go to the doctor too late. Overall, although the students had no qualms with herbal types of traditional medicine, Tiama, was scared of tradipracticians that use spirits and possession. The students also thought that exorcism of bad spirits is common, but at the same time, the students believe that scientific explanations exist

behind diseases caused by breaking fadys. In general, it appears that the students prefer to combine both systems and have no major issues utilizing either system.

The only major issue the students had with western medicine was with the push for family planning. The students believed that family planning was important for prostitutes and for rural areas because rural families have too many children. The students did not like the idea of using birth control methods for themselves. They thought that family planning methods have many side effects such as extreme weight gain, extreme weight loss, loss of hair, hypertension, and cancer. In addition, many of the Catholic students did not like birth control as the church forbids its use. When shown a pack of birth control pills, they were very confused by the idea that American women try different types of birth control pills until they find a type that works for them. In addition, the students had a lot of difficulty understanding why there were different colors of pills, what the different pills were used for and when one would have their period when using the pill. In terms of condoms, the girls thought they were good for STD prevention for prostitutes, but, at the same time, they do not give as much pleasure to women and they allow men to have too many lovers. They also believe that STDs can be spread in a healthcare setting such as through dental tools if the dentist does not sanitize the tools correctly. Even with all these disillusion, the girls did report that they believe many more people are having sex before marriage today, in comparison to the past.

Views of Homestay Mother in Tana (Velondrenjamanana 2011):

My homestay mother's ideas about healthcare were somewhat similar to the students. Although it does not appear she visits traditional healers, she has her own list of herbal remedies that she uses when her family gets sick. For instance, for coughs she uses

a plant called aferontany, for stomach issues she makes a drink out of allovera and for issues of constipation she makes a drink out of the hair of corn. If the disease is serious, she takes her children to a doctor or to the hospital. She learned all of her knowledge from her grandparents and she finds that this system works well. Even though she does not use traditional medicine, it did not seem like she had any specific issues with its practice, although she had no knowledge of traditional healers that practice Tromba, Bilo and Fanandroana. In terms of medicine, my homestay mother respects the doctors' orders and does not seek traditional herbal remedies, but due to a bad experience with pills, she crushes all pills and adds them to sugar water in order to take them. She believes this process ensures that the pills will not hurt her stomach.

In terms of family planning measures, as a converted Catholic she does not agree with the practice of using specific medications as contraceptives. In addition, she believes that the pills can cause someone to become extremely fat or thin, to have continual bleeding and that the baby could be born with extra toes or fingers. Instead of pills she counts the days and uses the *Method d'Ovulation Billings* in which she takes her temperature and when there is a slight rise she can know that she is ovulating. If she has an accident, she uses a drink that she makes from avocado to ensure she does not have a baby. According to her these methods have all been extremely successful, but considering my family comprises of six children ages ranging from eighteen to nine it is unclear how closely she has tried to follow these methods.

Conclusions:

The implications of this research favor the application of integrated healthcare between the traditional healers who use herbal remedies and massage with the western

system. Considering that most people interviewed either did not know of, or were afraid of Tromba, Bilo and Fanandroana, it is clear that these types of traditional medicine should not be integrated into the standardized health system. It would be better to leave these people in their communities where they can continue to serve the people. In addition, as all those interviewed favor herbal remedies over pills, it would be best to integrate the two systems to make the process more efficient and ensure that the correct herbal or western remedies are given for each disease. This is especially important for families like mine, in which they grind up all pills and take them in sugar water. According to the Mayo Clinic, “some medications should never be chewed, cut or crushed. Doing so may change how they are absorbed by the body [...] because they’re coated to be long acting or to protect the stomach” (2011). Thus although my mother believes that she is reducing the side effects of the pills by crushing them, she may in fact be harming her body more or decreasing the effectiveness of the medication. By integrating the two systems, the instances in which the medication is tweaked for personal use will go down as more herbal remedies will be used, and, in addition, more education can be done about the pills themselves.

The research done also revealed that a major gap exists in the education given about family planning and STDs. All women interviewed had many misconceptions about the possible side effects of birth control methods such as extreme weight gain, extreme weight loss, loss of hair, hypertension, cancer and malformed limbs in children. The proven birth control side effects are as follows: a small amount of weight gain, mostly water weight, if it occurs at all, and increased risk of cervical cancer and liver cancer, but decreased risk of ovarian cancer and endometrial cancer (Mayo Clinic 2011).

Other possible side effects are: “nausea, breast tenderness, bloating, mood changes, which typically improve within two to three months without treatment” (UpToDate.com 2011). Overall these side effects and the risks are extremely small. It is more likely that these misconceptions come from extrapolations on the proven side effects and the reports about the pill when it was first introduced in the 1960s. At its introduction, “the doses of both estrogen and progestin were quite high. Because of this, cardiovascular complications occurred such as high blood pressure, heart attacks, strokes and blood clots” (UpToDate.com 2011). These problems with the medication existed over fifty years ago, but considering how negatively birth control is viewed on the whole it is likely the news about the improvements to birth control was never widely distributed.

Another reason family planning services are probably not well received is because the main way of distributing the medicine is through packs of pills. First, through my interviews it became clear that even if the women were given pills, they would not completely understand when and how to take them. Considering how many issues they have simply taking pills when they get sick, it is difficult to imagine the population being receptive to the idea of taking a pill every day, at the same time, for the rest of their life. This is probably one of the major reasons that it seems most women are administered the birth control shot instead of the birth control pill because more women are receptive to vaccinations as they willingly take their children in for vaccinations (Dr. Rakotondramanana 2011). Even so, as birth control shots require more medicine at one time, rather than less medicine over a long period of time like the pill, it is likely the side effects are more severe which results in all the negative rumors about family planning methods. If possible it seems the population would be more receptive to a herbal birth

control remedy. It appears my homestay mother does use the “basal body temperature” method, but it requires a special thermometer and it is recommended that women plot their temperature on a graph (Mayo Clinic 2011). Even when used effectively fifteen of every one hundred women using it become pregnant and it is doubtful the correct resources are available in Madagascar.

It is easy to understand how reports of events in western countries become extrapolated into myths about STDs and family planning practices when only 2 of 100 people use the internet (Unicef 2008). For instance, the students told me that they believe HIV can be spread through dental tools. In reality, this rarely, if ever occurs. In 1990 in the United States there was one case in which a dentist spread HIV to six of his patients, but the CDC still has not been able to determine how this was done, and no other similar instances have been reported (CDC 2011). Many doctors and dentists do in reality use syringes and needles, which can spread HIV, but these are usually thrown out. Thus, this one instance in which HIV did spread in a healthcare setting has resulted in the Malagasy students themselves believing that they can contract HIV from the dentist. These myths may not seem harmful, but they could in the long run hurt the population if people avoid going to their dentists because they believe they can contract HIV.

Overall this research demonstrates that the work of nongovernmental organizations such as PSI is extremely important as they include both education and distribution of family planning methods (PSI 2011). As the Malagasy students did report that many more young people are having premarital sex, it is imperative that they receive proper education on STDs and family planning. As reported by Unicef forty-eight percent of the population is under fifteen (2007), and considering that the west continues to exert

its influence through films, like “House Bunny” and music videos it is likely the amount of people having premarital sex will only continue to increase as the young population ages. Therefore, programs, like PSI, which educate the population are imperative, especially if they can involve personal testimony on the medication from other women. All of the girls interviewed were highly interested in how the pills affect my own body, and they were all extremely surprised that I even used pills. Thus, hopefully through the use of personal testimony of respected women, their misconceptions about pills and about family planning methods can be dissuaded and the population can be kept healthy.

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